STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155247	A. BUILDING **01, 02** B. WING _____	R **04/11/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	**8549 S MADISON AVE** **INDIANAPOLIS, IN 46227**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/17/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 04/11/14 Facility Number: 000151 Provider Number: 155247 AIM Number: 100284060 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, Manorcare Health Services was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the building electrical system in resident sleeping rooms 166 through 178, 180 and 182 and has battery operated smoke detectors in all other resident sleeping rooms. The facility has a capacity of 140 and had a census of 113 at the time of this visit.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155247	A. BUILDING **01, 02** B. WING _____	R **04/11/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	**8549 S MADISON AVE** **INDIANAPOLIS, IN 46227**

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{K 000}	Continued From page 1 All areas where residents have customary access were sprinklered. The facility has two detached wooden storage sheds which were not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/14/14.	{K 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/17/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 04/11/14 Facility Number: 000151 Provider Number: 155247 AIM Number: 100284060 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, Manorcare Health Services was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The 2007 addition was surveyed with Chapter 18, New Health Care Occupancies. The 2007 addition to this one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and	{K 000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{K 000}	Continued From page 2 in areas open to the corridors. The facility has smoke detectors hard wired to the building electrical system in resident sleeping rooms 166 through 178, 180 and has battery operated smoke detectors in all other resident sleeping rooms. The facility has a capacity of 140 and had a census of 113 at the time of this visit. All areas where residents have customary access were sprinklered. The facility has two detached wooden storage sheds which were not sprinklered.	{K 000}		